fold 2 days

Entry Blank—Please Type or Print					
□ Ms./Artist □ Mr./Artist	EL HAUSERMAN				
Permanent 377	11 n Enveilint	(last name last			
Address	4 BERKSHIRE	C. H.			
Street	City				
44118 zip	Daytime Tel. ()	321-725			
Zip	area	621-5424			
Temporary or Studio Address		, , , ,			
	Street	City			
	Daytime Tel. ()				
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If you do not presently live i Reserve, in which county wer	in one of the counties of the Westere you born?	rn			
Collaborator (if any)	The same of the same				
Artist will pick up at Mus Museum should dispose Museum should ship to a	of.				
City	State	Zip			
Special Instructions					
	eted in full and signed; forms receive	ed unsigned will not			
When necessary, include ins	structions or a drawing for assemblin	ng and displaying			
that the Museum shall dispo	both delivery and return of objects. ose for its own account any objects also understood that accepted objects.	not picked up by			
	s will be construed as an accepta	nce by the artist			
of all terms and condition					
Signature	Stowsen				
Signature					
I have received the was life	in control object(s) in good and iti	an.			
Thave received the unsold/u	naccepted object(s) in good condition	JII.			
Signature	I Hande	ne_			

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

A Pain			Photo (s	ography specify category)
Materials used (media	n):			
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NOT ACCEPTED	4 41	<u>a</u>	ph -	NOT ACCEPTED
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NOT ACCEPTED	3-41	1	NOT ACCEP	PTED DATE